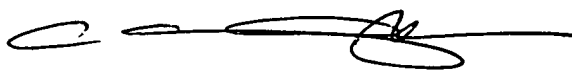
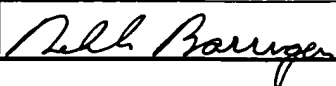
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/250,056	
	Filing Date	February 12, 1999	
	First Named Inventor	James D. Marks	
	Art Unit	1642	
Total Number of Pages in This Submission	5	Attorney Docket Number	305J-895030US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Interview Summary <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Change Entity Status	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked-up <input type="checkbox"/> Replacement/Supplemental Application Data Entry Form <input checked="" type="checkbox"/> Certificate of Correction form <input checked="" type="checkbox"/> Request for Certificate of Correction letter	<input type="checkbox"/> Executed Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Assignee <input type="checkbox"/> Copy of Executed Assignment (Not for Recordation) <input type="checkbox"/> Sequence Listing Statement <input type="checkbox"/> Sequence Listing Paper Form <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Replacement Specification – Marked-Up <input type="checkbox"/> Replacement Specification – Clean Copy
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Christina Onufryk	Reg. No.	59,842
Signature			
Date	April 1, 2010		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Deborah Barragan		
Signature		Date	April 1, 2010

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FREE TRANSMITTAL**  
For FY 2009☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**100.00**

## Complete if Known

Application Number	09/250,056
Filing Date	February 12, 1999
First Named Inventor	James D. Marks
Examiner Name	Susan Ungar
Art Unit	1642
Attorney Docket No.	305J-895030US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**

☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ Number of each additional 50 or fraction thereof: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$): \_\_\_\_\_

Other (e.g., late filing surcharge): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

Other: **Request for Certificate of Correction** Fee Paid (\$): **100.00**

Other: \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

Other: \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

Other: \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

Other: \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

## SUBMITTED BY

Signature

Registration No.  
(Attorney/Agent)

59,842

Telephone

Name (Print/Type)

Christina Onufryk

Date

April 1, 2010